

# Student Membership

**YOUR FULL NAME |**

**Member Number |**

*(Leave BLANK if un-known)*

# STUDENT MEMBERSHIP APPLICATION

## APPLICANT INFORMATION

Forename:		Surname:	
Title (Mr, Miss, Ms, Mrs, Dr):		Date of Birth:	
Current home address:			
City:		County/Country:	Postcode:
Home/Work Phone:	Mobile:	E-mail:	

## LANDSCAPE AREAS OF PRACTICE

Which of the following LI 'Areas of Practice' best describes your interests and knowledge:

<input type="checkbox"/>	Landscape Planning	<input type="checkbox"/>	Landscape Management	<input type="checkbox"/>	Landscape Design
<input type="checkbox"/>	Urban Design	<input type="checkbox"/>	Landscape Science	<input type="checkbox"/>	Other (Please state):

## CURRENT EDUCATION INFORMATION

Current University attending:	
Full name of course:	
Full qualification you expect to obtain (e.g. BA, BSc, MA):	
Start Date:	End Date (Expected Graduation year):

**Please attach to this application, proof of study / acceptance letter from your university confirming your student status with them.**



## OTHER ACADEMIC QUALIFICATIONS

University/College or Other Institution:
Full name of course:
Full title of qualification/level of attainment:
Date awarded:

## CURRENT EMPLOYMENT INFORMATION (IF APPLICABLE)

Current employer:	
Job Title:	
Start Date:	End Date:

## STUDENT MEMBERSHIP APPLICATION

Main areas of responsibility:

Please attach your most up-to-date CV HERE



### HOW DID YOU FIND OUT ABOUT THE LANDSCAPE INSTITUTE

<input type="checkbox"/>	'Choose Landscape' Website	<input type="checkbox"/>	'Landscape Institute' Website
<input type="checkbox"/>	Publications (Including the LI Journal)	<input type="checkbox"/>	Other Media (TV, Paper, Radio, Magazine)
<input type="checkbox"/>	Employer	<input type="checkbox"/>	University/UCAS Fair
<input type="checkbox"/>	LI Event/Training Course	<input type="checkbox"/>	LI representative/Staff Member
<input type="checkbox"/>	Word of Mouth (Friend/Relative/Other)	<input type="checkbox"/>	Other (Please state)

### DECLARATIONS

If your application is successful, the details provided in your application, including your name, contact details and qualifications will be recorded on the LI CRM database. All information you provide will be used for processing your annual membership and supplying you with information about the LI and the landscape profession.

Signature of applicant:

Date:

Your name, membership category, member number, and date of joining the LI, will be published on the Member List 'Find a Member' on the LI website. Please sign that you agree to publish these details on the Members List. Additional information may also be shown, with your permission, via the password controlled Members' Area.

Signature of applicant:

Date:

## STUDENT MEMBERSHIP APPLICATION

**I, the undersigned, confirm that the statements made by me on this application are a true account. I further declare that if elected I shall be bound by the LI Charter, the LI By-Laws and the LI Code of Conduct.**

**I understand that the LI reserves the right to terminate my membership if I fail to pay my membership subscription on time.**

**I further understand that I may terminate my membership at any time by giving written notice to the LI; if I choose to resign I will be invoiced for any outstanding membership fees relating to that part of the subscription year during which I remained a Member.**

Signature of applicant:

Date:

## MEMBERSHIP SUBSCRIPTION

The LI Membership year runs from the 1<sup>st</sup> June to 31<sup>st</sup> May.

**Direct Debit is the easiest way to pay and helps your money go further to support the work of the Landscape Institute.**

You can choose to pay by 1 or 4 instalments.

To set up a Direct Debit, please complete and return the Direct Debit Mandate form.

Direct Debits are collected on, or around, the 10th of the month.



## LI MONITORING

The LI is committed to ensuring that the landscape profession is accessible to all sections of the community. We monitor the profile of our membership to ensure that the LI is compliant with equality and diversity legislation and that we carry out our work in accordance with best practice.

Please help us in this work by completing the section below. Your details will be stored on the LI's secure database and will remain confidential.

How would you describe your ethnic origin:

White:	<input type="checkbox"/>	British	Mixed:	<input type="checkbox"/>	White and Black Caribbean
	<input type="checkbox"/>	Irish		<input type="checkbox"/>	White and Black African
	<input type="checkbox"/>	Other		<input type="checkbox"/>	White and Asian
				<input type="checkbox"/>	Other
Black:	<input type="checkbox"/>	Black British	Asian:	<input type="checkbox"/>	Asian British
	<input type="checkbox"/>	Black Caribbean		<input type="checkbox"/>	Asian Indian
	<input type="checkbox"/>	Black African		<input type="checkbox"/>	Asian Bangladeshi

	<input type="checkbox"/>	Other		<input type="checkbox"/>	Asian Pakistani
				<input type="checkbox"/>	Asian Other
Other:	<input type="checkbox"/>	Arab			
	<input type="checkbox"/>	Other Ethnic Group		<input type="checkbox"/>	Chinese
	<input type="checkbox"/>	Prefer not to say		<input type="checkbox"/>	Other Asian Ethnic Group
Would you describe yourself as having a disability:					
Yes	<input type="checkbox"/>		No	<input type="checkbox"/>	
Please note that the LI may, from time to time, public reports on the overall profile of the membership. These reports will present data in aggregated form and will not be made available in any way which would enable you to be individually identified.					